

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

641651234

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57		/				
8		4					58	/					
9		6					59		/				
10		6					60		/				
11	/						61		/				
12		/					62		/				
13		/					63						
14		6					64						
15		/					65		/				
16		6					66		/				
17		6					67		/				
18		6					68		/				
19		/					69		/				
20		6					70		/				
21		6					71		/				
22		6					72			8			
23		/					73						
24		/					74						
25	/						75						
26		/					76						
27		/					77						
28		/					78						
29	/						79						
30		/					80						
31		6					81						
32	/						82						
33		/					83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38	/						88						
39	/						89						
40	/						90						
41	/	/					91						
42	/	/					92						
43	/	/					93						
44	/	/					94						
45		/					95						
46	/	/					96						
47	/	/					97						
48	/	/					98						
49		/					99						
50		/					100						
TOTAL IND.	10						TOTAL IND.			8			
TOTAL DEP.	41						TOTAL DEP.			8			
TOTAL CLAIMS	65						TOTAL CLAIMS			16			